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THIS IS A SAMPLE FORM. ORIGINAL DOCUMENT MUST BE OBTAINED AT THE BUILDING DEPARTMENT AND COMPLETED IN ITS ENTIRETY PRIOR TO BEING ACCEPTED BY THE BUILDING DEPARTMENT.

TOWN OF NORTH ANDOVER APPLICATION FOR PLAN EXAMINATION

Permit NO:	Date Received:					
Date Issued:						
IMPORTAN	NT: Applicant must complete all items on this page					
LOCATION	Print					
PROPERTY OWNER						
TROTERTT OWNER	Print					
MAP NO.:PARCEL:	ZONING DISTRICT:	1				
TYPE AND USE OF BUILDING	HISTORIC DISTRICT YES					
TYPE OF IMPROVEMENT	PROPOSED USE					
D. T.	Residential Non- Residential					
□ New Building□ Addition	☐ One family ☐ Two or more family ☐ Industrial					
☐ Addition	☐ Two or more family No. of units: ☐ Industrial					
☐ Repair, replacement	□ Assessory Bldg □ □ Commercial					
☐ Demolition	Assessory Bidg Commercial					
☐ Moving (relocation)	Other Others:					
□ Foundation only						
DESCRIPTION OF WORK TO BE	E PREFORMED_					
Identifica	tion Please Type or Print Clearly)					
OWNER: Name:	Phone:					
Address:	Signature					
		<u> </u>				
CONTRACTOR Name:	CONTRACTOR Name: Phone:					
Address:		<u>—</u>				
	F . D .					
Supervisor's Construction License:	Exp. Date:					
Home Improvement License:	se:Exp. Date:					
ARCHITECT/ENGINEER	Name: Phone:	<u> </u>				
Address:						
FEE SCHEDULE: BULDING PERMIT: \$12	2.00 PER \$1000.00 OF THE TOTAL ESTIMATED COST BASED ON \$125.0	0 PER S.F.				
	x12.00=FEE:\$					
Check No.:	Receipt No.:					

TYPE OF SEWARGE DISPOSAL Public Sewer Well Private (septic tank, etc.	Tanning/Massage/Body Art Tobacco Sales Permanent Dumpster on Site	Swimming Pools Food Packaging/Sales					
NOTE: Persons contracting with u	nregistered contractors do not have acces	ss to the guaranty fund					
Signature of Agent/Owner Signature of Contractor							
Plans Submitted Plans V	Vaived Certified Plot Plan	Stamped Plan					
	LOWING SECTIONS FOR OFFICE USE RDEPARTMENTAL SIGN OFF - U FOR						
PLANNING & DEVELOPMENT	DATE REJECTED Water Slecial F mit e Plan Secial Pen it	D/ PF OV D					
COMMENTS	her	D. API-KOVED					
CONSERY ON COMMEN S							
HEALTH COMMEN	DATE REJECTED	DATE APPROVED					
Zoning Board of Appeals: Variance, Petitio	1 No:	-					
Zoning Decision/receipt submitted yes							
Planning Board Decision:	Comments						
Conservation Decision:	Comments						
Water & Sewer connection signature & date							
Temp Dumpster on site yesno Fi	re Department signature/date						
Building Permit Approved and Issue	d by:						

Building Setback (ft.)							
Fro	nt Yard	Side	Yard	Rear Yard			
Required	Provided	Required	Provides	Required	Provided		
•		,	/	•			
DIMENSI	ON	<u>l</u>					
		Total squ	are feet of floor area	, based on Exterior dimension	ons		
Total land ar	ea, sq. ft.:						
NOTES and D	OATA – (For departm	ent use)					
1							
	4						
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Building Department

The following is a list of the required forms to be filled out for the appropriate permit to be obtained.

Roofing, Siding, Interior Rehabilitation Permits

- Building Permit Application
- Debris Removal Form
- Workers Comp Affidavit
- □ Photo Copy Of H.I.C. And/Or C.S.L. Licenses
- Copy of Contract
- □ Floor Plan Or Proposed Interior Work

Addition Or Decks

- Building Permit Application
- Surveyed Plot Plan
- Debris Removal Form
- Workers Comp Affidavit
- □ Photo Copy of H.I.C. An ∴ icnses
- Copy Of Contract
- □ Mass k F gy n ar ep t (If oplicable

New Const ucaon 3 gl a 1 w Fami

- □ Buil Per it p i i i
- □ Certi. 'rc 11 o 11
- □ Photo o. ..! ic C. I L enses
- □ Workers c _ ifi av
- Two et of Buil ng Plans (One To Be Returned) to Include Sprinkler Plan And Hyd (Iculations (If Applicable)
- Copy Contract
- Mass check Energy Compliance Report

In all cases if a variance or special permit was required the Town Clerks office must stamp the decision from the Board of Appeals that the appeal period is over. The applicant must then get this recorded at the Registry of Deeds. One copy and proof of recording must be submitted with the building application

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